

**CRIMINAL HISTORY BACKGROUND CHECK PILOT PROGRAM
STEERING COMMITTEE
BUREAU OF LICENSURE AND CERTIFICATION
MEETING MINUTES OF 18 AUGUST 2005**

Attendees:

Health Division, Department of Health and Human Services

Bureau of Licensure and Certification

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Industry


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Pam Smith	775-882-1188 ext.11	Eagle Valley Children's Home

Contents

- Minutes of the Meeting
- Livescan Vendor information mentioned but not presented at the meeting
- Abbreviations

Minutes

Kerry McKinney made the following presentation. Additional discussion is noted. Abbreviations are listed on the last page of these meetings.

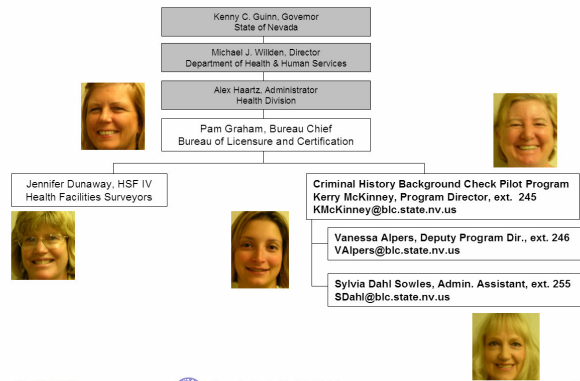


Criminal History Background Check Pilot Program

Steering Committee
18 August 2005
Bureau of Licensure and Certification
1550 E. College Parkway, Suite 158
Carson City, NV 89706
(775) 687-4475

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Background Check Pilot Program



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Please notice that the name of our department has changed from the Department of Human Resources to the Department of Health and Human Services. The program is now fully staffed, so Jennifer Dunaway has handed primary responsibility for the program to: Kerry McKinney, Program Director; Vanessa Alpers, Deputy Program Director; and Sylvia Dahl Sowles, Administrative Assistant.

Keeping up

- Bureau of Licensure & Certification
<http://health2k.state.nv.us/BLC/>
- Steering committee meetings
<http://health2k.state.nv.us/administration/meetings/>
- Steering committee minutes
<http://health2k.state.nv.us/administration/minutes.htm>

Agenda

- Approval of February Meeting minutes
- Review Program Objectives
- Alternative Implementation Strategies
- Public comment and discussion
- Action Items
- Next meeting date

We are developing a webpage for the program on the BLC website. In addition, future meetings and minutes will be posted on the sites shown on the slide (above). If your email address on the sign-in sheet is up to date, we will be emailing notices to you.

Without objection, the minutes from the February meeting were approved.

The program is funded by the Medicare Modernization Act. The result of this program will influence future Medicare policies, so participation of the steering committee is important for our state.

The primary and corollary goals of the Federal program are shown in the following slides.

Medicare Modernization Act

- Identify efficient, effective, and economical procedures for long term care facilities or providers to conduct background checks on prospective direct patient access employees

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Corollary Goal

- Evaluate effectiveness of background check program for:
 - Improving hiring process
 - Reducing incidents of neglect and abuse

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The Federal program focuses on a few key objectives and requires that participating states provide specific information to measure the effects of state policies.

Federal Objectives

- Improve applicant access to Electronic Fingerprinting (livescan) facilities
- Control process cost
- Reduce response time
- Improve initial screening by Health Care Providers
- Accelerate resolution of incomplete or contested results

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Federal Reporting by BLC

- How many background checks
 - Type of provider
 - Type of employee
- Voluntary withdrawals or termination
- Disqualifications
 - What stage
 - What disqualifying event
- Appeals

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Federal Reporting by BLC, cont.

- Average time of background check
- Contributing factors to delay
- Effectiveness of employment agencies, if used
- Efficacy of background check at reducing abuse & neglect
- Unintended consequences
 - Effect on recruiting & training

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7 state pilot programs

- Alaska
- Idaho
- Illinois
- Michigan
- Nevada
- New Mexico
- Wisconsin

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The seven states chosen for this pilot program all have different standards for conducting criminal history background checks. Some have no requirements, many have different disqualifying events. The purpose of this program is to attempt to measure which methods work best, which affect the quality of health care, and which have no correlation to the incidence of abuse and neglect.

Idaho System

Idaho Program

- All applicants interviewed & fingerprinted at one of 17 state offices
- Central Registry provides criminal history to Dept. Health & Welfare CHU
- CHU checks registries & DMV
- CHU makes determination
- Program: Web implementation

We recently had the opportunity to visit Idaho, one of the seven pilot program states, to review their implementation. Idaho is different from Nevada in that any individual that requires a criminal history background check is required to visit one of 17 state offices throughout the state to be interviewed and fingerprinted.

Differences from Nevada's structure

- Central location for all applicants' history
- State employees take all fingerprints

The Criminal History Unit (CHU) in the Dept. of Health & Welfare evaluates all criminal histories, checks other registries and motor vehicle records and makes the fitness determination for all applicants.

Idaho's implementation under the Federal Grant is to provide a web-based interface, which allows individual candidates to fill out the Self Declaration form containing personal identification, prospective employer information, category of employment and details of criminal history. Once the Self-Declaration is complete, the applicant may schedule an appointment for fingerprinting. When the applicant appears for fingerprinting, the interviewer can pull up the applicant's information, conduct the interview and add the fingerprints from livescan equipment. If the applicant fails to appear for fingerprinting after 30 days, the personal information is purged from the system.

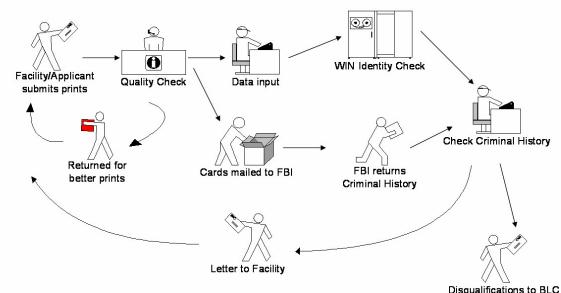
Idaho is hiring full time staff to replace the clerical staff in remote offices that is currently taking fingerprints. They are also purchasing several mobile units to take fingerprints in outlying areas.

Nevada System

Nevada's current system for civil applicants is different.

- Nevada checks only the criminal history associated with a set of fingerprints submitted by the facility or the applicant.
- The first quality control is exercised upon submission to DPS, which may reject them and require that the applicant re-submit.
- If the prints are rolled or printed from a livescan machine, rather than submitted electronically, then the cards are checked manually.
- Cards are sent to the FBI which returns a hardcopy of the criminal history.

Current Nevada System



- DPS manually checks the criminal history for disqualifying events. Even if an event is found in Nevada's records, the FBI check is completed.
- The results of the search yield one of three responses to the applying facility:
 - Positive: there is a criminal history with a disqualifying event
 - Negative: there is no criminal history with a disqualifying event
 - Undecided: there is a potentially disqualifying event whose resolution from the court has not been recorded.
- In the event of a Positive or Undecided result, BLC receives a copy of the response.
- Nevada requires facilities to check registries for potential applicants.
- Applicants may challenge the response, but it is their responsibility to provide proof of court dispositions. A facility must allow an applicant at least 30 days to challenge, but there is no upper limit on the time allowed.

This process can take up to 90 days to get a response. Most agencies charge \$10 for each card, and a candidate must submit two cards. That cost is in addition to the \$45 background check fee charged by DPS.

Nevada's disqualifying events refer to convictions only. Although some are time-limited, they all refer to convictions, not merely arrests.

Limited Information

DPS pointed out that the Central Repository's records for Nevada convictions may contain only 50% of the total criminal history because of delayed reporting by local law enforcement and by the courts. There is a program in place to improve this information flow, but it is not yet fully implemented.

In addition, the FBI records may contain only 50% of the various states' information, for similar reasons.

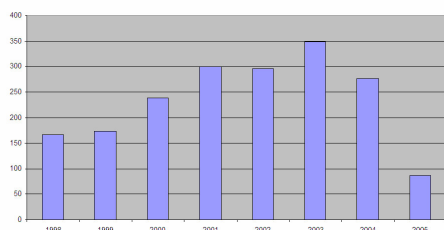
Although the Central Registry check is the only definitive check for statutory requirements, it is not necessarily complete information.

Limited Results

Under this system, the amount of information that BLC can collect is quite limited, as shown in the following slides, which contain all the information that BLC has collected since 1998 when statutes were enacted to require criminal history background checks.

We do not know how many people applied, so we cannot determine what the rate of disqualifications is nor which events make up the preponderance of disqualifications. We suspect that the rate of disqualifications is going down, because we believe the state is employing more health care workers than in previous years, but we do not know. It appears that the 2005 number, which reflects only the first six months of the year, shows a distinct down-turn in the number of disqualifications, but we do not know.

Nevada Disqualifications



Total covered health care employees initially disqualified

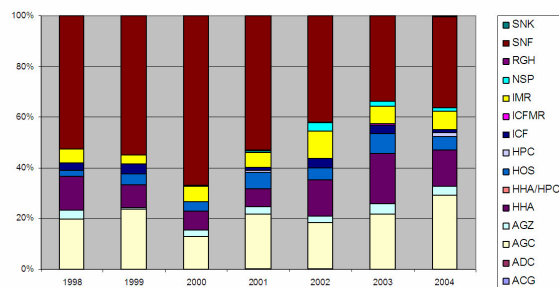
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Disqualifications by Facility



Most disqualifications: SNF, AGC, HHA

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Disqualification Data

Facility Type	1998	1999	2000	2001	2002	2003	2004	2005	Total
ACG				1					1
ADC					1				1
AGC	33	41	31	64	54	76	81	21	401
AGZ	6	1	6	9	8	14	10	7	61
HHA	22	16	18	21	42	69	39	14	241
HHA/HPC								1	1
HOS	4	7	8	20	14	27	15	4	99
HPC				2			4	1	7
ICF	5	7		4	11	12	4		43
ICFMR						2			2
IMR	9	6	15	17	32	24	20	10	133
NSP				2		6	3	3	24
RGH			1	1	1				3
SNF	88	95	159	159	124	118	100	26	869
SNK							1		1
Total	167	173	238	300	297	349	277	87	1,887

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Our plan is to share the FBI required data with Nevada health care facilities so that they may better plan their recruiting and hiring.

Nevada Program Goals

Nevada's original proposal had three primary goals.

Nevada's Original Proposal

- Expand Electronic Fingerprinting
 - internal DHR network
 - external Health Care Provider network
- Statewide registry of disqualified applicants
- Process improvement through stakeholder steering committee

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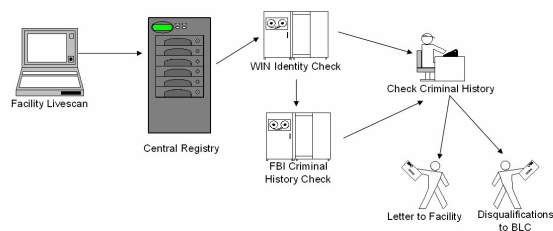


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Electronic Process

- Manual = 90 days
- Electronic = 48 hours



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Electronic fingerprinting allows the background check process to be reduced to as little as 48 hours, on average. The hiring facility can submit prints electronically, and that electronic file is shared throughout the process. Statutory requirements do not eliminate evaluation and the letter response at the end of the process. Nevertheless, eliminating hard cards is the single most important factor in reducing throughput time.

Quality control can take place at the facility, however, DPS points out that operators routinely ignore the bad quality signal from the livescan equipment. DPS allows two submissions before they charge for another submission by the same applicant.

This kind of turn-around time can save facilities money. Provisionally hired employees must be trained, and that investment in training can be eliminated by a disqualification.

We are re-thinking the requirement for a statewide registry.

- If results can be returned within 48 hours, the facility need not check a registry.
- There may be statutory impediments to BLC collecting and disseminating this kind of information
- The registry would be up to date only as of the date of any worker's last application.

Program Implementation

Nevada's program implementation has four requirements:

DPS is currently implementing a new process for making the civil applicant process completely electronic.

The goal is to be all-electronic by January or February, 2006. Some facilities are already doing livescan submissions.

Any facility can obtain instructions from DPS on how to set up their livescan equipment to submit fingerprints electronically by setting up a user account with the Central Registry.

BLC has not yet determined the most efficient means to collect the data needed for reporting to the Federal sponsors.

One approach would be for DPS to forward to BLC the header information from applicants' livescan files, along with the criminal history. DPS made clear at the meeting that that approach was not going to happen, under PL 92-544.

An alternative approach is for the facilities to submit their header information to BLC at the same time they submit it to DPS. This method, combined with the disqualification letters that DPS does provide to BLC, would provide an overall picture of the rate of disqualifications, it does not identify the specific types of disqualifying events that are eliminating health care applicants.

Regardless of the communication with DPS, BLC would like to collect data from facilities about applicants that are rejected before a criminal history check is even submitted. Without voluntary participation by health care providers, this issue cannot be addressed.

Requirements

- No more cards
- Electronic Fingerprinting (EFP) must be accessible
- DPS Civil Applicant EFP program
- BLC data collection system

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DPS is faced with an exponentially increasing number of civil applicants, and they are hopeful that their program to process nearly all electronically will allow them to deal with the increase. In addition, funding from this program may facilitate upgrading existing facilities that are only doing criminal livescans to accommodate civil applicants as well.

No More Cards

- No rolled prints
- No printed cards submissions for DPS, even if prints are scanned
- All submissions are electronic

EFP Accessibility

- In-house equipment
- Service Centers
- Original Grant Proposal: state buys livescans
 - Some installed in state agencies
 - Some installed in private facilities

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There are different ways of making EFP accessible, and our original proposal may not be the most effective implementation. We are considering offering rebates instead of purchasing the equipment.

State-owned equipment

- One size fits all
 - One vendor, one model
 - State purchasing schedule
- Installed in non-state facility
 - Contract with state: maintenance, upgrades
 - Accessible to other facilities that did not get state-owned equipment

Alternative: Rebates

- For equipment meeting minimum requirements
- For electronic submissions
 - To DPS, and
 - To BLC



Grant funds

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BLC is still investigating whether we can convert our Federal grant to allow us to offer rebates instead of purchasing the equipment ourselves. Rebates offer several advantages:

- We do not know the right number of machines to buy. The market can determine it better.
 - If we offer partial rebates, we may be able to get more machines installed.
 - We avoid the risk of buying too many machines
- Health facilities can determine the optimum configuration for their facility.
- Health care organizations can combine resources to set up their own service centers so that single members need not purchase their own equipment.

There are a variety of livescan equipment vendors with different business models, making a competitive market with many choices of implementation:

Livescan Vendors

- Service Centers
- Equipment & software
- Additional services

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Vendor Products

- Scanner only: converts cards to livescan electronic format for submission
- Livescan equipment
 - Takes prints
 - Stores information
 - Electronic submission

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Different equipment and options provide various benefits to agencies and organizations.

Optional Equipment

- Prints cards
- Mug shots
- Create ID cards, electronic keys
- Greater storage for more records

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Vendor services

- Check Criminal Convictions
 - May be more up-to-date than DPS or FBI
- Verify licenses from other states
- Check registries (more...)
- Check other court records
 - e.g. civil suits
- Credit reports
- Identity verification

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Other registries

- MED Medicare Exclusion Database
- FID Fraud Investigation Database
- HIPDB Healthcare Integrity and Protection Data Bank
- NPDB National Practitioner Data Bank
- Nurse Registries
- Sex Offender Registries (all states)

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Service Centers

- Facility enters applicant data on its own computer via the web
- Print bar coded ticket for applicant
- Applicant presents ticket & 2 ids at service center
- Service center
 - Reads barcoded information
 - Takes prints
 - Electronically submits to DPS

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Some important considerations:

- Most service vendors do not complete a fingerprint comparison, so the information in their conviction databases may not apply to an applicant with a similar name.

- Checking other sources does not relieve facilities of their statutory responsibility to submit prints to the Central Registry. It may only act as a pre-screen for applicants provisionally hired.
- How much should these other background check sources affect the hiring decision? Will they have the unintended consequence of reducing the number of applicants? Do they have any effect on the quality of health care that an applicant will provide?

Anecdotal evidence is that some facilities currently do a complete \$125 check to ensure their workers are completely free of any compromising history, while others rely solely on their personal evaluations and the state mandated criminal history check. One of the objectives of this program is to attempt to evaluate the efficacy of these types of disparate approaches on incidents of abuse or neglect.

Nevada's Program modifications

Understanding the benefits and trade-offs of encouraging facilities to bring livescan in-house, we can return to the program's original proposal and discuss some potential modifications.

Nevada's Original Proposal

- Expand Electronic Fingerprinting
 - internal DHR network
 - external Health Care Provider network
- Statewide registry of disqualified applicants
- Process improvement through stakeholder steering committee

Original Goal: EFP

- Establish 21 new locations for EFP
 - Within NV DHHS
 - Among Health Care Providers
- Control cost of background checks
- Eliminate paper & ink prints and mail submission of hard cards
- Reduce rejections & speed up background check returns
- Coordinate statewide implementation

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One important change we are currently committed to is eliminating the Disqualified Applicant Registry because increasing access to electronic fingerprinting with 48-hour results eliminates the need for the registry. We do intend to collect information about applicants, for statistical purposes, but we do not intend to make the data public except in aggregate form, without identifying information.

Disqualified Applicant Registry

- Central registry for applicants disqualified to work in long term care facilities
- Notifications to health care providers for prospective employees
- Timely resolution of incomplete background checks

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Steering Committee

- Involve stakeholders
- Review process and develop recommendations
- Propose legislative changes
- Increase collaboration among:
 - State agencies
 - State licensing boards
 - Health care providers
 - Long term care service providers

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We welcome the participation of members of the steering committee. The following slides describe the participants that we expect on the committee, the agencies that will be affected by this program, the agencies that we hope will participate without statutory obligation, and other stakeholders.

We hope that if we have failed to include anyone that members of the committee will invite them to participate or let us know how to contact them.

Stakeholders: State agencies

- DHHS Dept. of Health & Human Services
- NSHD Nevada State Health Division
- BLC Bureau of Licensure and Certification
- DPS Dept. Public Safety Records and Identification Bureau (Central Repository)
- DHCFP Division of Healthcare Financing and Policy (Medicaid)
- AG Office of the Attorney General

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Other state agencies

- DOC Department of Corrections
- DCFS Division of Child and Family Services
- MHDS Mental Health and Developmental Services

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Stakeholders: Healthcare Associations

- Assisted Living Advisory Council (ALAC)
- Coalition of Assisted Residential Environments (CARE)
- Home Health Care Association of Nevada
- Nevada Health Care Association
- Nevada Hospital Association
- Nevada Rural Hospital Partners

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Stakeholders: others

- BELTCA Board of Examiners for Long Term Care Administrators
- Emergency Medical Services Advisory Committee
- Nevada Judicial College
- Nevada State Board of Nursing
- Nevada State Board of Pharmacy
- Nevada State Board of Social Workers

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Mandatory Participation: Group Living Environments

- Skilled Nursing Facilities, Nursing Facilities (44)
- Intermediate Care Facilities and ICFs for Mentally Retarded (19)
- Assisted Living Facilities (338)
- Home & Community Based Service Group Homes (over 8 beds) (86)
- Includes Temporary Employment Agencies

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Mandatory Participation: Community Programs

- Home Health Agencies (75)
- Personal Care Agencies – Medicaid State Plan (79)
- Personal Care Agencies – HCBS-W or S.1115 (159)

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Voluntary participation

- Hospitals
 - LTC beds (6)
 - Swing beds (32)
- HCBS Group Living (other) (1)

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No Participation

- Psychiatric Hospitals
- Hospices
- PACE (no Nevada program)
- Case Management Agencies – Medicaid
- Treatment Foster Homes for Children (311)
- Day Programs – HCBS (12)

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Public discussion addressed the issues on the following slides:

Questions

- What is the best way to make electronic fingerprint equipment accessible?
- How can BLC collect statistical data?
- How do we encourage voluntary participation of all health care providers?

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Next Meeting

- Plan for making EFP accessible
- Data collection and reporting development
- Date:

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DPS indicated that many municipal police departments do not have livescan equipment, but rather, rely on the county booking facility to take fingerprints.

Although all booking facilities are now submitting criminal fingerprints electronically, not all are set up to send in civil prints electronically. It may be useful for the program to provide these facilities with a software upgrade to allow them to do so.

Frank Ballinger oversees three facilities in Nevada: Elko, Fallon and Mesquite. He finds the Mesquite Police Dept. to be very effective.

BLC wants input from health care organizations and facilities to determine who wants equipment, upgrades to their current equipment or who would be interested in using a service center. We are mapping out current livescan facilities to see where we need to focus efforts to make devices more accessible. We hope to have a plan to place the equipment by the time of the next meeting, which we anticipate will be sometime in September.

We also need feedback on how BLC can collect appropriate data that will be useful not only for the Federal sponsors but also for Nevada facilities.

Livescan Vendors

The following vendors have contacted the program, indicating their interest in assisting health care facilities and the state with any needs relating to livescan equipment and services.

While the program staff has not evaluated any of the products or services offered by these companies, some have already installed livescan equipment in various state agencies and private facilities.

In addition to this list, there are many other sources of livescan equipment and services.

AD&S: Automation Designs & Solutions, Inc.

Carolyn Rains, President
118 Service Drive, Suite 8
Brandon, MS 39042
(601) 825-7831 ext. 201
Cell (601) 594-6060
Fax (601) 825-6321
crains@fingerpro.net

ChoicePoint

Marian Oster, Senior Account Manager,
Healthcare
1410 Spring Hill Road, Suite 450
McLean, VA 22102
(703) 219-2519
Cell (703) 909-8597
Fax (703) 219-2538
marian.oster@choicepoint.com

GIS: General Information Services, Inc.

Richard Scott, Vice President Outsourcing
Services
917 Chapin Road
Chapin, SC 29036
(888) 880-4070
Cell (803) 767-1780
Fax (803) 941-2636
rscott@geninfo.com

Identix

Gordon Enos, Territory Sales Manager
Northwest Region
2212 Queen Anne Ave N., #269
Seattle, WA 98109
206 283 3009
Cell (206) 390 1425
Fax (206) 283 0671
gordon.enos@identix.com

For purposes of this program, livescan vendors must meet the requirements specified in the Department of Public Safety's Livescan User Guide for civil applicants. The guide is not yet on-line but is available by calling DPS at (775) 687-1600.

The Bureau of Licensure and Certification may be developing similar guidelines to facilitate electronic transmission of program data, which we will discuss at the next steering committee meeting. The program anticipates that part of the rebate program will require that certain data be electronically submitted to BLC, as well as to DPS, to qualify for the rebate.

Abbreviations

ACTS	Aspen Complaints/Incidents Tracking System	HWH	Halfway House for Recovering Alcohol and Drug Abuse
ADA	Facility for the Treatment of Abuse of Alcohol or Drugs	IAFIS	Integrated Automated Fingerprint Identification System (FBI) Name & Fingerprint
ADC	Facility for the Care of Adults During the Day	ICE	Independent Center for Emergency Medical Care
AGC	Residential Facilities for Groups	ICF	Intermediate Care Facilities
AGR	Residential Facility for Groups	ICF/MR	Intermediate Care Facilities for Mentally Retarded
AGZ	Residential Facility for Groups	IIIS	Interstate Identification Index System
APS	Adult Protective Services	IMR	Intermediate Care for Mentally Retarded
ASC	Surgical Center for Ambulatory Patients	LCB	Legislative Council Bureau
BDR	Bill Draft Request	LCSW	Licensed Clinical Social Worker
BELTCA	Board of Examiners for Long-Term Care Administrators	LIC	License Laboratory
BON	Board of Nursing	LPN	Licensed Practical Nurse
BPR	Business that Provides Referrals to RFFG	LSK	Facility for Refractive Laser Surgery
CAN	Certified Nursing Assistant	LSW	Licensed Social Worker
CBGC	Criminal Background Check	LTC	Long Term Care
CBTAP	Critical Business Technology Assessment Program	MBU	Mobile Unit
CHRI	Criminal History Record Information	MCIJIS	Multi-Court Integrated Justice Information System
CMS	Centers for Medicare & Medicaid Services	MDS	Minimum Data Set
CMS 372	State Reported Medicaid Information	MDX	Facility for Modified Medical Detoxification
COR	Comprehensive Outpatient Rehabilitation Facility	MED	Medication Unit
DAG	Deputy Attorney General	MMA	Medicare Prescription Drug, Improvement & Modernization Act of 2003, Public Law 108-173
DHHS	Department of Health & Human Services	MSW	Master in Social Work
DHR	Department of Human Resources	NCIC	National Crime Information Center
EFP	Electronic Fingerprint	NCJIS	Nevada Criminal Justice Information System
ESR	Facility for the Treatment of Irreversible Renal Disease	NCPA/VC	National Child Protection Act/Volunteers for Children Act
EXL	Exempt Laboratory	NHP	Nevada Highway Patrol
HBR	Agency to Provide Nursing in the Home Branch Office	NHQ1	Nursing Home Quality Initiative (Federal)
HCBS	Home & Community Based Service 78 Beds	NRS	Nevada Revised Statutes
HCJIS	Nevada Criminal Justice Information System	NSP	Nursing Pool
HFS	Facility for Hospice Care	NTC	Facility for Treatment with Narcotics
HHA	Agency to Provide Nursing in the Home	OASIS	Outcome and Assessment Information Set
HHA	Home Health Agency	OBC	Obstetric Center
HIC	Home for Individual Residential Care	OSCAR	Online Survey, Certification & Reporting Database
HIPPA	Health Insurance Probability Accountability Act	OTR	Other Lab/Facility
HOS	Hospital	PAS	Personal Attendant (or Assistant) Service
HPC	Hospice Care Program of Care	PCA	Personal Care Agency
HSB	Agency to Provide Nursing in the Home Sub Unit	PCA	Personal Care Aide
		PCS-IC	Personal Care Services - Independent Contractor

PND	Pending Facility	RHC	Rural Clinic
PPL	Prospective Payment/L.T.C.	RN	Registered Nurse
PPP	Prospective Payment/Psych.	SNF	Skilled Nursing Facility
PPR	Prospective Payment/Rehab.	TEP	Technical Expert Panel
PPS	Prospective Payment System	UNF	Unlicensed Facility (Non-Lab)
PRI	Prison	UNL	Unlicensed Laboratory
PXR	Supplier of Portable X-Ray Services	VPN	Virtual Private Network
REG	Registered Laboratory	WINAFIS	Western Identification Network
REH	Provider of Outpatient P.T., or Speech Path. Services		Automated Fingerprint Identification System-AK, ID, MT, NV, OR, UT, WY
RFA	Request for Application		
RGH	Home for Individual Residential Care Registered		